

Maryland Health Enterprise Zones

Health Care Practitioner Personal Income Tax Credit

Application for Final Certification TY2013

1. Information about the Applicant:

(a) First Name	Initial	Last Name
(b) Mailing Address <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
(c) Telephone Number	(d) Email Address	(e) Social Security Number (Last 4 Digits Only) <div style="text-align: center;">XXX-XX- _ _ _ _</div>
(f) Medicaid Provider Number (NPI)	(g) Health Professional License Number & Issuing State	(h) Type of Health Profession License (MD, PA, RN, CNP, DDS, RDH, OD, PhD, DPM, etc.)

2. Information about the Spouse

Check here if you will file joint returns ☐ and provide information about your spouse:

(a) Spouse First Name	Spouse Initial	Spouse Last Name
(b) Telephone Number (If different from above)		(c) Spouse Social Security Number (Last 4 Digits Only) <div style="text-align: center;">XXX-XX- _ _ _ _</div>

3. Eligibility

(a) Demonstrates Cultural, Linguistic, and Health Literacy Competency (Attach required documents - see Appendix A)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Accepts and provides care for patients enrolled in the Maryland Medical Assistance Program (Medicaid) and for uninsured patients	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Provides one of the following services: 1. Primary Care, including obstetrics, gynecological services, pediatric services, or geriatric services 2. Behavioral Health services, including mental health or alcohol and substance abuse services; or 3. Dental Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Letter of Support Provided by Health Enterprise Zone	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Tax Credit Information

(a) Tax Year (Indicate the tax year for which you claim a credit) <div style="font-size: 1.2em;">TY</div> <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>	(b) Tax Credit Amount (Copy line 6 from the estimated tax credit worksheet) <div style="font-size: 1.2em;">\$</div> <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>
(c) Attach copy of tax return from Comptroller of Maryland	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Attach copy of W-2, 1099, and/or Schedule C	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Description of the Health Enterprise Zone Practice Site

Name of Primary Practice Location			
Practice Address			
Type of Practice	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Community Health Clinic	<input type="checkbox"/> Hospital
			<input type="checkbox"/> Other

Name of Practice Location			
Practice Address			
Type of Practice <input type="checkbox"/> Private Practice	<input type="checkbox"/> Community Health Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other
Name of Practice Location			
Practice Address			
Type of Practice <input type="checkbox"/> Private Practice	<input type="checkbox"/> Community Health Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other
Name of Practice Location			
Practice Address			
Type of Practice <input type="checkbox"/> Private Practice	<input type="checkbox"/> Community Health Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other

**Maryland Health Enterprise Zones
Health Care Practitioner Personal Income Tax Credit
Application for Final Certification**

Collection of Personal Information: In accordance with Executive Order 01.01.1983.18, the Department of Health and Mental Hygiene ("DHMH") advises you as follows: Certain personal information requested by the Department is necessary in determining your eligibility. Failure to disclose this information may result in the denial of one of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department and other public officials for purposes directly connected with administration of the program for which its use is intended. Such information is routinely shared with State, federal, or local government agencies. You have the right to inspect, amend, or correct personal records in accordance with the Maryland Public Information Act.

Publicity: The applicant agrees that DHMH may issue press releases and otherwise publicize information about the applicant's employment levels before and after qualification for the Maryland Health Enterprise Zones Health Care Practitioner Personal Income Tax Credit.

Verification and Attestation: I declare under the penalties of perjury, pursuant to Sec. 1-203 of the Tax-General Article, Annotated Code of Maryland, that this application (including any accompanying forms and statements) has been examined by me, and the information contained herein, to the best of my knowledge and belief, is true, correct, and complete. I understand that the Department may request at a later date additional information to verify the statements reported on this form and that independent verifications of the information reported may be made.

Further, I hereby authorize the Social Security Administration, Comptroller of the Treasury, and Internal Revenue Service to release to the Department of Health and Mental Hygiene any and all information concerning the income or benefits received.

_____ Date	By:	_____ Applicant Signature
Phone: _____		_____ Name (Print) and Title
Email: _____		_____ Business Name

Whom to contact for further information:	
Name (Print):	Title:
Phone:	Email:

Please return this application form to:

Raquel Samson
Health Systems and Infrastructure Administration
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, Maryland 21201

Maryland Health Enterprise Zones

Health Care Practitioner Personal Income Tax Credit

Instruction for Final Application

Below are instructions for filling out the Maryland Health Enterprise Zones Health Care Practitioner Personal Income Tax Credit Application for Final Certification. Please make sure all information entered in an application is legible to minimize errors in processing your certificate of eligibility.

1. Information about the Applicant: Provide the following information

- (a) Applicant's legal name (should be the same name as on the health profession license; the full legal name of the entity, as it should appear on the certificate)
- (b) Mailing address
- (c) Telephone number
- (d) Email address
- (e) Last 4 digits of social security number
- (f) Medicaid Provider Number (NPI)
- (g) Health profession license number and the state issuing the license
- (h) Type of health profession license (MD, PA, RN, CNP, DDS, RDH, OD, PhD, DPM, etc.)

2. Information about the Applicant's Spouse: If the applicant will file joint returns, check the box and provide the following information.

- (a) Spouse's legal name
- (b) Telephone number
- (c) Last 4 digits of spouse's social security number

3. Eligibility:

- (a) Verify the ability to demonstrate cultural, linguistic, and health literacy competencies
 - 1. *See Appendix A - Cultural, Linguistic, and Health Literacy Requirement (attach required forms)*
- (b) Verify that you accept and provide care for patients enrolled in Maryland Medical Assistance Program (Medicaid) and for uninsured patients
- (c) Verify that you are providing primary care, behavioral health, or dental services
- (d) Verify that you have received a letter of support from the Health Enterprise Zone

4. Tax Credit Information: Provide the following information

- (a) Tax Year for which the applicant claims the tax credit
- (b) Tax credit amount from line 5 of the tax credit worksheet

Tax Credit Worksheet

(1) Maryland taxable net income from line 20 of Form 502 or line 13 of Form 505NR	
(2) Maryland tax from line 22 of Form 502 or line 16 of form 505NR	
(3) Health Enterprise Zone income in 2013	
(4) Revised taxable net income. Subtract line 3 from line 1. (If less than 0, enter 0).	
(5) Tax on amount of line 4. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Form 502 or Form 505NR. Do not include the local income tax.	
(6) Tax credit (Subtract line 5 from line 2.)	

- (c) *Attach a copy of the tax return **from the Comptroller of Maryland** for the tax year for which you are applying. "FORM129 REQUEST FOR COPY OF TAX FORM" can be downloaded from the Comptroller of Maryland website: <http://www.comp.state.md.us/> or <http://taxes.marylandtaxes.com/>*
- (d) *Attach a copy of the FORM W-2, FORM 1099, and/or Schedule C (FORM 1040) as supporting documents that show incomes from the qualified Health Enterprise Zone.*

5. Description of the Health Enterprise Zone Practice Site:

Please provide information about your practice location(s) (names of practice(s), facility addresses)

Please contact Raquel Samson at 410-767-5612 with any questions.

Appendix A - Cultural, Linguistic, and Health Literacy Requirement Form

Cultural, Linguistic, and Health Literacy Requirement

Health Enterprise Zones (HEZs) are designed to reduce health disparities among Maryland's racial and ethnic groups and between geographic areas, improve health care access and health outcomes, and reduce health care costs by providing a variety of incentives to defined geographic areas with high rates of disparities. To be eligible for Tax Credits, the practitioner must demonstrate cultural, linguistic, and health literacy competency. The Department requires that the provider fulfill this requirement by partaking in some fundamental cultural competency activities. For additional information and guidance on training resources for individuals and organizations, please refer to the Maryland Cultural Competency Technical Assistance Resource Kit published by the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities and available online at: <http://dhmh.maryland.gov/mhhd/SitePages/cultural-competency-trainings.aspx>

Instructions for Fulfilling Tax Credit Cultural Competency Requirements

For Practitioners:

Practitioners will be required to complete 6 hours of continuing education credit in cultural, linguistic, and/or health literacy competency before applying for their Final Certificate of Eligibility. Practitioners should ensure that any courses provide official continuing education credits. Practitioners should also contact their respective health occupation board to secure pre-approval for courses, if needed.

In addition to maintaining proof of attendance or course completion, participants will be expected to keep evidence of the specific topic areas that were addressed in the training (e.g., course outlines or syllabi, course materials/publications) and will be required to submit copies of these with proof of attendance with their final application to DHMH.

Examples of potential sponsors of continuing education activities may include national and state-based health professional associations, state licensing boards, state or local health departments, accredited academic institutions, hospitals or hospital associations, and other accredited organizations in Maryland or another jurisdiction.

Suitable topic areas for continuing education would include the following:

- Health Disparities and Health Equity
- Community Health Strategies
- Unconscious Bias in Health Care
- Stereotyping and Profiling in Health Care
- Effective Health Communication Skills
- Use of Interpreters in Health Care
- Reflective Practices and the Culture of Health Professions

Submission of Proof of Attendance or Course Completion:

In addition to maintaining proof of attendance or course completion, participants will be expected to keep evidence of the specific topic areas that were addressed in the training (e.g., course outlines or syllabi, course materials/publications) and are required to submit copies of these with proof of attendance with their final application.

Please attach:

- a) Evidence of Completion of 6 hours of continuing education credit in cultural, linguistic, and health literacy. This can be a completion certificate/attendance verification and;***
- b) Course Outline/Syllabus or Course Materials for the training completed.***